Immunize Utah

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2004 Influenza Immunization Recommendations

Before influenza season swings into high gear, it's important to review the latest recommendations for flu vaccine particularly for pediatric/adolescent patients. The Centers for Disease Control and Prevention (CDC) released the 2004 recommendations for the "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" in the April 30, 2004 Morbidity and Mortality Weekly Report (MMWR). The recommendations from the ACIP are in effect for the 2004-2005 influenza season. Sections of the recommendations are reprinted below.

2004 Primary Changes or Updates in the Recommendations:

- ACIP recommends that healthy children aged 6-23 months, and close contacts of children aged 0-23 months, be vaccinated against influenza *(see Target Groups for Vaccination).*
- Inactivated vaccine is preferred over live, attenuated influenza vaccine (LAIV) for vaccinating household members, health-care workers, and others who have close contact with severely immunosuppressed persons during periods when such persons require care in a protected environment. If a health-care worker receives LAIV, the health-care worker should refrain from contact with severely immunosuppressed patients for 7 days after vaccine receipt. No preference exists for inactivated vaccine use by health-care workers or other persons who have close contact with persons with lesser degrees of immunosuppression.
- Severely immunosuppressed persons should not administer LAIV. However, other persons at high risk for influenza complications may administer LAIV.
- The 2004-05 trivalent vaccine virus strains are A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens. For the A/Fujian/411/2002 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Wyoming/3/2003 [H3N2] virus, and for the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus.

Pediatric/Adolescent Target Groups for Vaccination

- Children aged 6 months through 23 months.
- Close contacts, including household contacts and out-of-home caregivers, of children 0-23 months.
- Children and adolescents with chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- Children and adolescents who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV]).
- Children and adolescents (aged 6 months through 18 years) who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye syndrome

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after influenza.
- Children and adolescents who are household contacts of persons in high-risk groups (e.g., persons aged 65 years or older, transplant recipients, persons with AIDS, and children aged less than 2 years).
- Children and adolescents who are residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions.
- Adolescent females aged <19 years who will be in the second or third trimester of pregnancy during influenza season (all women who will be pregnant during the influenza season should be vaccinated for influenza).

Recommended Vaccines for Different Age Groups

When vaccinating children, healthcare providers should use vaccine that has been approved by the FDA for each age group.

Dosage for Different Age Groups

Approved influenza vaccines for different age groups

VACCINE	6 mons - 3 yrs	4 yrs	5 - 49 yrs	≥50 yrs
Fluzone® (Aventis Pasteur,Inc.)	X	X	X	X
Fluvirin™ (Chiron)		X	X	X
FluMist™ (MedImmune, Inc.)			X	

Dosage recommendations vary according to age group (see table). Among previously unvaccinated children aged <9 years, 2 doses administered at least one month apart are recommended. If possible, the second dose should be administered before December. If a child aged <9 years receiving vaccine for the first time does not receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered the following season. Two doses are not required at that time. For example: *if a child <9 years of age only received 1 dose of vaccine last year, due to the shortage, they will only need one dose of vaccine this year.*

To access a ready-to-copy (PDF) version, go to: http://www.cdc.gov/mmwr/pdf/rr/rr53e430.pdf

Influenza Vaccine Dosage by Age Group

AGE GROUP	DOSAGE	NUMBER OF DOSES	ROUTE*
6–35 mos	0.25 mL	1 or 2**	Intramuscular
3–8 yrs	0.50 mL	1 or 2**	Intramuscular
>9 yrs	0.50 mL	1	Intramuscular

*For adults and older children, the recommended site is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.
**Two doses administered at least one month apart for children aged <9 years of age who are receiving influenza vaccine for the first time.

VFC Eligible Groups

The ACIP has expanded the group of children eligible for influenza vaccine coverage under the Vaccines for Children (VFC) Program. The resolution extended VFC coverage for influenza vaccine to all VFC-eligible children aged 6 to 23 months and VFC-eligible children aged 2 to 18 years who are household contacts of children age less than 2 years. Under this resolution children whom influenza vaccine is recommended and meet VFC eligibility may be given VFC influenza vaccine. Children eligible for the Utah VFC Program are those 0 through 18 years of age who are:
- enrolled in Medicaid
- enrolled in CHIP
- have no insurance
- Native American/Alaskan Native
- underinsured for immunizations. *Underinsured is defined as children whose health insurance plan does not include vaccinations or does not include vaccinations for specific antigens (this would include flu vaccine)*.

For more information or to read the entire VFC Influenza Resolution (which includes a list of eligible groups) go to: http://www.cdc.gov/nip/vfc/acip_resolutions/602flu.pdf

References

1. Prevention and Control of Influenza: Recommendation of the Advisory Committee on Immunization Practices (ACIP), MMWR Wkly Rep; May 28, 2004,Volume 53, RR-6.
2. Advisory Committee on Immunization Practices, Vaccines for Children Program Influenza Resolution.

Kudos To Providers!

The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization (Clinic Assessment Software Application (CASA)) assessments from May 2004 - Aug/Sept. 2004:

For achieving the goal of immunizing 90% of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

Art City Family Medical Center
CopperView Medical Center
Jackson Family Medical Clinic

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

Castle County Clinic
Central City Community Health Center
Foothill Family Clinic - North
IHC Layton
Kimberly Balog, MD
Robert Terashima, MD
Wayne Community Health Center
Willowcreek Pediatrics - Draper

Mark Your Calendars !

6th National Conference on Immunization Coalitions
September 20-22
Norfolk, VA for more info. go to http://www.cme.hsc.usf.edu/coph/immcoal/

National Adolescent Immunization Awareness Week
September 19 - 25

National Adult Immunization Awareness Week
September 26 - October 2

Utah Adolescent Immunization Workshop
September 23 from 12:00 - 1:30pm
The Gathering Place
1100 West 7800 South
West Jordan, UT
No cost to attend, lunch provided and seating is limited.
Call 801-538-9450 for reservations

5th Immunization Registry Conference
October 18-20
Crowne Plaza Ravinia Hotel, Atlanta, GA
for more info. go to www.cdc.org/nip/registry/irc

Childhood Immunization Rates at Record High Levels

The nation's childhood immunization rates are at record high levels, including significant increases in rates of immunization against varicella and invasive pneumococcal disease, the two most recent additions to the childhood immunization schedule.

In 2003, national coverage for the 4:3:1:3:3 series, which includes four doses of Diphtheria, Tetanus toxoids and Pertussis vaccine (DTaP), three doses of polio vaccine, one dose of measles, mumps, and rubella, three doses of Hib vaccine, and three doses of hepatitis B vaccine, increased to 79.4 percent, compared to 74.8 percent in 2002 and 73.7 percent in 2001 and 72.9 percent in 2000.

In Utah coverage levels for the same 4:3:1:3:3 series increased to 78.8% in 2003 from 75.7% in 2002 and 66.1% in 2001 and 66.2% in 2000.

The National Immunization Survey (NIS) provides estimates of vaccine coverage among children ages 19-35 months for each of the 50 states and 28 selected urban areas. CDC uses a quarterly random-digit-dialing sample of telephone numbers for each of the 78 survey areas to collect provider-validated vaccination data for all age-eligible children. In 2003, vaccination data were obtained for 21,210 children. The complete 2003 National Immunization Survey data can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5329a3.htm.

Four Dose Prevnar® Schedule Reinstated

On July 9, 2004, the Centers for Disease Control and Prevention (CDC) published an MMWR article announcing that the Prevnar shortage has been resolved enough to reinstate the administration of 3 doses of 7-valent pneumococcal conjugate vaccine (PCV7). On September 17, 2004, the CDC published an MMWR article announcing that the Prevanr shortage has been resolved. Effective immediately providers should resume administration of Prevar according to the routine 4-dose schedule. Information from the September 17, 2004 MMWR is reprinted below.

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Since February 2004, CDC has recommended that 7-valent pneumococcal conjugate vaccine (PCV7), marketed as Prevnar® and manufactured by Wyeth Vaccines, be administered to healthy children on an abbreviated schedule to conserve the limited supply. Production capacity has been increased, and supply is now sufficient to meet the national demand for vaccine on the routine, 4-dose schedule. Effective immediately, CDC, in consultation with the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics, recommends that providers resume administration of PCV7 according to the routine schedule.

A vaccination schedule is provided for children who are incompletely vaccinated. The highest priority for catch-up vaccination is to ensure that children aged <5 years at high risk for invasive pneumococcal disease because of certain immunocompromising or chronic conditions (e.g., sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, or human immunodeficiency virus infection) are fully vaccinated. Second priorities include vaccination of healthy children aged <24 months who have not received any doses of PCV7 and vaccination of healthy children aged <12 months who have not yet received 3 doses.

Because of the frequency of health-care provider visits by children during their first 18 months, catch-up vaccination might occur at regularly scheduled visits for most children who receive vaccines from their primary-care providers. Programs that provide vaccinations but do not see children routinely for other reasons should consider a notification process to contact undervaccinated children.

Providers with questions about obtaining Prevnar® should contact Wyeth's customer service department, at 800-666-7248.

Age at Examination (months)	Previous PCV7 Vaccination History	Recommended Regimen*
2-6	• 0 doses • 1 dose • 2 doses	• 3 doses, 2 months apart; 4th dose at 12—15 months • 2 doses, 2 months apart; 4th dose at 12—15 months • 1 dose, 2 months after the most recent dose; 4th dose at 12—15 months
7-11	• 0 doses • 1 or 2 dose before age 7 months	• 2 doses, 2 months apart, 3rd dose at 12-15 months • 1 dose at 7-11 months, with another dose at 12-15 months (≥ 2 months apart)
12-23	• 0 doses • 1 dose before 12 months of age • 1 dose at ≥ 12 months of age • 2 or 3 doses before age 12 months	• 2 doses, ≥ 2 months apart • 2 doses, ≥ 2 months apart • 1 dose, ≥ 2 months after the most recent dose • 1 dose, ≥ 2 months after the most recent dose
24-59 (Healthy children)	• Any incomplete schedule	• Consider 1 dose ≥ 2 months after the most recent dose†
24-59 (High risk)§	• Any incomplete schedule of <3 doses • Any incomplete schedule of 3 doses	• 1 dose, ≥ 2 months after the most recent dose and another dose ≥ 2 months later • 1 dose, ≥ 2 months after the most recent dose

*For children vaccinated at age <12 months, the minimum interval between doses is 4 weeks. Doses administered at age ≥12 months should be ≥8 weeks apart.
†Providers should consider administering a single dose to unvaccinated, health children aged 24-59 months with priority given to children aged 24-35 months, black children, American Indian or Alaska Native children not otherwise identified as high risk, and children who attend group day care centers.
§ Children with sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, human immunodeficiency virus infection or another immunocompromising condition, and Alaska Native or American Indian children in areas with demonstrated risk for invasive pneumococcal disease more than twice the national average (i.e., Alaska, Arizona, New Mexico, and Navajo populations in Colorado and Utah).

TriHIBit (DTaP-Hib): Are you using it correctly?

One combination DTaP-Hib vaccine is available in the United States: TriHIBit, by Aventis Pasteur. The vaccines are packaged together in separate vials, and the DTaP component (Tripedia) is used to reconstitute the Hib component (ActHIB). No other brand of DTaP and Hib vaccine may be used to produce this combination. In addition, when supplied as TriHIBit, the DTaP and Hib components have a single lot number.

Because of evidence of reduced immunogenicity of the Hib component when used as a combination, **TriHIBit is <u>not</u> approved by the Food and Drug Administration for use as the primary series at 2, 4, or 6 months of age.** It is approved only for the fourth dose of the DTaP and Hib series of a child who has received at least one dose of a single-antigen Hib vaccine or combination Hep B–Hib vaccine (COMVAX).

TriHIBit can be used in the following circumstances:

- <u>12-15 months of age</u>
  The child is aged ≥12 months, **and** has received at least one prior dose of Hib vaccine ≥2 months earlier, **and** TriHIBit will be the last dose in the Hib series.
  For example: TriHIBit can be used for the booster dose at 12-15 months of age in a child who has received 2 prior doses of COMVAX or PedvaxHIB (at 2 and 4 months of age), **or** 3 prior doses of ActHib or HibTiter (at 2, 4, 6 months of age).
- <u>15-59 months of age</u>
  The child is aged 15-59 months **and** has received at least one prior dose of any Hib-containing vaccine. (TriHIBit should <u>not</u> be used if the child has received no prior Hib doses.)

If TriHIBit is administered as one or more doses of the primary series at 2, 4, or 6 months of age, the Hib doses should be disregarded, and the child should be re-vaccinated as age-appropriate for Hib. The DTaP doses may be counted as valid and do not need to be repeated.

Source: *Epidemiology and Prevention of Vaccine-Preventable Diseases, Eighth Edition – January 2004*, Department of Health

NEW PROGRAM, "KIDS NEED FLU VACCINE, TOO!" HELPS PROVIDERS INCREASE PEDIATRIC INFLUENZA VACCINATION RATES

The National Foundation for Infectious Diseases (NFID) recently launched a new in-practice resource program, Kids Need Flu Vaccine, Too! The online program gives health care practitioners an array of useful materials for conducting in-practice pediatric influenza immunization clinics. By conducting clinics, providers can increase influenza vaccination rates and comply with new recommendations issued by CDC, AAP, and other organizations to vaccinate children ages 6-23 months.

The program includes the following:

- Comprehensive checklist on how to plan and implement in-practice clinics
- Physician-to-physician video featuring leading pediatric infectious disease experts and practicing physicians
- Patient video and other patient materials that underscore the importance of influenza vaccination
- Case studies on effective pediatric immunization programs
- Sample articles for practice newsletters and tips on communicating the importance of vaccination to parents
- Tips to ensure proper reimbursement

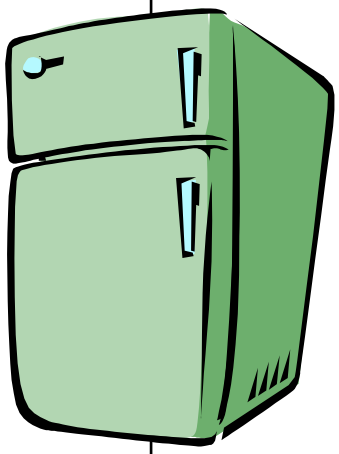
To access the materials, go to the NFID web section Kids Need Flu Vaccine, Too! at **http://64.242.251.230/index1.html**

Don't Be Guilty of These Errors in Vaccine Storage and Handling

The following are frequently reported errors in vaccine storage and handling. Some of these errors are much more serious than others, but none of them should occur. Be sure your clinic or practice is not making errors such as these.

Error #1: Designating only one person in the office to be responsible for storage and handling of vaccines, instead of a minimum of two.
It's important to train at least one back-up person to learn proper storage and handling of vaccines. The back-up person should be familiar with all aspects of vaccine storage and handling, including knowing how to handle vaccines when they arrive, how to properly record refrigerator and freezer temperatures, and what to do in case of an equipment problem or power outage.

Error #2: Recording temperatures only once per day.
Temperatures fluctuate throughout the day. Temperatures in the refrigerator and freezer should be checked at the beginning and end of the day to determine if the unit is getting too cold or too warm. Ideally, you should have continuous thermometers that measure and record temperatures all day and all night. A less expensive alternative is to purchase maximum/minimum thermometers. Only certified thermometers should be used for vaccine storage. It's also a good idea to record the room temperature on your temperature log in case there is a problem with the refrigerator or freezer temperature. This information may be helpful to the vaccine company's telephone consultant in ascertaining whether your vaccine can still be used.



Error #3: Recording temperatures for only the refrigerator or freezer.
If your facility administers varicella vaccine or live attenuated influenza vaccine (LAIV), you should have certified thermometers in both the refrigerator and the freezer. Rather than buying cheap thermometers that may not accurately measure the temperature, buy quality thermometers that will last for years.

Error #4: Documenting out-of-range temperatures on vaccine temperature logs and not taking action.
Documenting temperatures is not enough. Acting on the information is even more important! So, what should you do? Notify your supervisor whenever you have an out-of-range temperature. Safeguard your vaccines by moving them to another location and then determine if they are still useable. Check the condition of the unit for problems. Are the seals tight? Is there excessive lint or dust on the coils? After you have made the adjustment, document the date, time, temperature, what the problem was, the action you took, and the results of this action. Recheck the temperature every two hours. Call maintenance or a repair person if the temperature is still out of range.

Error #5: Throwing away temperature logs at the end of every month.
It's important that you keep your temperature logs for at least three years. As the refrigerator ages, you can track recurring problems. If temperatures have been documented out of range, you can determine how long this has been happening and take appropriate action. It's also a great way to lobby for a new refrigerator.

Error #6: Storing vaccine in the refrigerator in a manner that may inappropriately affect its temperature.
The temperature in the vegetable bins, on the floor, next to the walls, in the door, and near the cold air outlet from the freezer may differ significantly from the temperature in the body of the refrigerator. Always store vaccines in their original packaging in the body of the refrigerator away from these locations. Place vaccine packages in such a way that air can circulate around the compartment. Never overpack a refrigerator compartment.

Error #7: Storing frozen vaccines in a dorm-style refrigerator.
Varicella and LAIV must be stored in a freezer that has its own external door separate from the refrigerator. No matter how hard you try to adjust the temperature to +5°F in a dorm-style refrigerator's freezer, you won't be able to reach this low temperature in the freezer, and you'll probably freeze the rest of your vaccines in the refrigerator!

Error #8: Inadvertently leaving the refrigerator or freezer door open or having inadequate seals.
Remind staff to close the unit doors tightly each time they open them. Also, check the seals on the doors on a regular schedule, and if there is any indication the door seal may be cracked or not sealing properly, have it replaced. The cost of replacing a seal is much less than replacing a box of pneumococcal conjugate or varicella vaccine.

Error #9: Discarding multi-dose vials 30 days after they are opened.
Don't discard your vaccines prematurely. Almost all multi-dose vials of vaccine contain a preservative and can be used until the expiration date on the vial unless there is visible contamination. However, you must discard multi-dose vials of reconstituted vaccine (e.g., meningococcal, yellow fever) if they are not used within a defined period after reconstitution. Refer to the vaccine package inserts for additional information.

Error #10: Not having emergency plans for a power outage or natural disaster.
Every clinic should have a written Emergency Plan that identifies a refrigerator with a back-up generator in which to store vaccine in the event of a power outage or natural disaster. Consider contacting a local hospital or similar facility to be your back-up location if you should need it.

Error #11: Storing food and drinks in the vaccine refrigerator.
Frequent opening of the refrigerator door to retrieve food items can adversely affect the internal temperature of the unit and damage vaccines.

Item #P3036 (8/04)
www.immunize.org/catg.d/p3036.pdf

Delivery Advisory - Chiron Fluvirin ® Flu Vaccine Update

On August 27, 2004, ASD Healthcare and Chiron Corporation announced a delay in the delivery of their Influenza vaccine, Fluvirin. Below, reprinted in it entirety, is the letter sent by Chiron to their customers.
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Friday, August 27, 2004

Dear Valued Customer,

Chiron Corporation today announce that in conducting final internal release procedures for its Fluvirin® influenza vaccine the company's quality systems have identified a small number of lots that do no meet product sterility specifications. While an investigation into the root cause of the variance indicates no widespread issues with the manufacturing process, Chiron has delayed releasing all Fluvirin doses until they have completed additional release tests. Chiron currently expects that the additional test will delay product release until early October. The Centers for Disease Control and Prevention (CDC) will have weekly communications with Chiron to follow this problem, and will update you and other partners as new developments occur.

Important messages from CDC:

- Based on information provided by the manufacturers, CDC anticipates that this year's influenza vaccine supply will be greater than in any previous year. Approximately 100 million doses of influenza vaccine are projected to be available.
- Based on current information supplied by the manufacturer, this season's delay of Chiron's influenza vaccine supply until October should have a minimal impact on vaccination efforts.
- Although some vaccine providers will not receive their vaccine supply until October, it is expected that almost all of the vaccine will be available in October and November.
- October and November are the optimal months during which to receive influenza vaccine, but vaccination efforts should continue through December, as long as vaccine supplies are available. Vaccination should go on even after influenza activity has started in the community.
- The delay in Chiron's vaccine will not affect the supply of influenza vaccine formulations indicated for children age less than 4 years. CDC recommends that all children aged 6-23 months and children of any age with chronic health conditions receive annual influenza vaccination.
- CDC is working closely with the FDA and the manufacturer to carefully monitor the vaccine supply situation and other stakeholders to develop contingency plans, if they should be needed.

Unfortunately, we do not have additional information at this time. ASD Healthcare is committed to providing you accurate, up-to-date information, as soon as it is available. We will regularly fax your office with updates when more information is available regarding actual future release dates for Fluvirin. **Please check our website, www.asdhealthcare.com, for the latest information throughout the season**. Any other questions regarding flu vaccine should also be directed by email to fluvaccine@asdhealthcare.com. Our telephone customer service representatives do not have any additional information beyond what is in this letter at this time.

We understand the difficulty that this manufacturing issue may cause you and your patients, as we distribute a large amount of Fluvirin to healthcare providers throughout the United States. At ASD, we view this as a precautionary step to ensure that you will receive a safe product. Your order has been placed in our system and will be in route to you as soon as it is releases by the FDA and Chiron. Your product is secure and will be delivered to you. We will keep you updates as we learn more. Again, please check www.asdhealthcare.com for the most up-to-date information on a regular basis.

If you need to review the details of your order, we have an automated system, which is available to you twenty-four hours a day at 1-800-281-4FLU (4358). Please have your account number ready to access this system.

As always, thank you for choosing ASD Healthcare.

Customer Service Flu Team

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For additional information and updates regarding flu vaccine and supply go to http://www.cdc.gov/nip

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our web-site
www.immunize-utah.org

ONLINE CME COURSE GIVES PHYSICIANS STRATEGIES FOR IMPLEMENTING PEDIATRIC INFLUENZA IMMUNIZATION RECOMMENDATIONS

In February 2004, ACIP adopted a new pediatric influenza immunization recommendation, which calls for giving influenza vaccine to all children ages 6-23 months. In response, the National Foundation for Infectious Diseases (NFID), has developed an online CME course, Increasing Pediatric Influenza Immunization in Infants and Children.

The course is intended for family physicians, general practitioners, pediatricians, pediatric infectious disease physicians, and others interested in lessening the burden of influenza in children. It is divided into four topics: (1) influenza epidemiology and disease burden in children; (2) safety, immunogenicity, and efficacy of influenza vaccine in children; (3) ten tips to increase influenza vaccination rates in your office; and (4) increasing pediatric immunization rates with influenza vaccine clinics in a private practice.

The course is intended to be completed in two hours. For more information and to begin the course, go to: **http://www.pedflumodels.com**

A CD-ROM of the course is also available; to request one, call NFID at (866) 686-6343 or send an email to **info@pedflumodels.com**